



**Certificate of Mailing by EXPRESS MAIL
under 37 CFR 1.10**

In re:

Application No. : 09/589,730 Confirmation No. 9108
Applicant : KENISON, Dale et al.
Filing Date : June 8, 2000
TC/A.U. : 1616
Examiner : LEVY, Neil S.
Title: Growth Promoting Pharmaceutical Implant

I hereby certify that the following documents:

Transmittal Form (1 pg); Amendment After Final Office Action of 12/02/04 (4 pgs); Petition for One-Month Extension of Time (1 pg); Fee Transmittal Form (1 pg); Credit Card Payment Form (1 pg); Return receipt postcard

are being deposited with the United States Postal as "Express Mail Post Office to Addressee" and addressed to:

**Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

On March 31, 2005
Date

Connie A. Mills

Signature

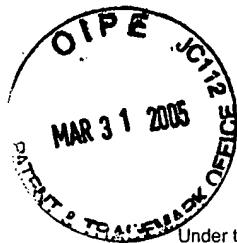
Connie A. Mills

Typed or printed name of person signing Certificate

EV 570964985 US
EXPRESS MAIL NO.

Note: Each paper must have its own certificate of mailing by Express Mail, or this certificate must identify each submitted paper.

Docket No. 70021220.0031



Please type a plus sign (+) in this box → +

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

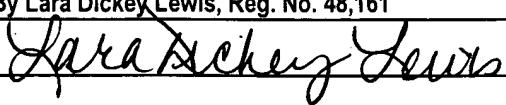
(to be used for all correspondence after initial filing)

		Application Number	09/589,730
		Filing Date	June 8, 2000
		First Named Inventor	KENISON, Dale C.
		Group Art Unit	1616
		Examiner Name	LEVY, Neil S.
Total Number of Pages in This Submission	9	Attorney Docket Number	70021220.0031

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawings	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Certificate of Express Mailing; Return Receipt Postcard	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge any required fees associated with this communication or credit any overpayment to Deposit Account No. 19-3140.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	SONNENSCHEIN NATH & ROSENTHAL LLP (CUSTOMER # 26263) By Lara Dickey Lewis, Reg. No. 48,161
Signature	
Date	March 31, 2005

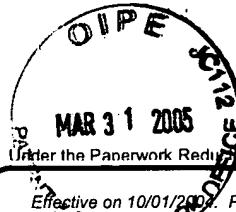
CERTIFICATE OF MAILING BY EXPRESS MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee," under 37 CFR 1.10, and addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 (Express Mail # EV 570964985 US) on this date:

March 31, 2005

Typed or printed name	Connie A. Mills
Signature	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$60.00)

Complete if Known

Application Number	09/589,730
Filing Date	June 8, 2000
First Named Inventor	KENISON, Dale
Examiner Name	LEVY, Neil S.
Art Unit	1616
Attorney Docket No.	70021220.0031

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order

Deposit Account None

Deposit Account Number
19-3140

Deposit Account Name
Sonnenschein et al.

The Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below
- Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- Credit any overpayments

to the above-identified deposit account.

Other (please identify): _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING FEE

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid(\$)</u>
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____

Subtotal (1) \$ 0

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims Extra Claims Fee (\$)

_____ - 20 or HP = _____ x _____ = _____
HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$)

_____ - 3 or HP = _____ x _____ = _____
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$)

_____ - _____ = _____

Subtotal (2) \$ 0

3. OTHER FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid(\$)</u>
1-month extension of time	110	55	\$60.00
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other: _____			

Subtotal (3) \$ 60.00

SUBMITTED BY

Signature	<i>Lara Dickey Lewis</i>	Registration No. (Attorney/Agent) 48,161	Telephone 816.460.2516
Name (Print/Type)	Lara Dickey Lewis	Date 03/31/2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.